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ST. ALBANS RURAL DISTRICT COUNCIL



ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

JAMES C. SLEIGH, M.B., Ch. B., D.P.H.

AND

THE SENIOR HEALTH INSPECTOR

DAVID J. GRAHAM, M.A.P.H.I., M.R.S.H.

FOR THE YEAR

1960

ST. ALBANS:

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PUBLIC HEALTH COMMITTEE

ST. ALBANS RURAL DISTRICT

Councillor A. G. CUTMORE (*Chairman*)

Councillor W. PITT (*Vice-Chairman*)

Councillor A. ANGELOW

Councillor MRS. E. BISHOP

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Councillor F. J. REED

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Councillor MRS. S. WILLIAMS

PUBLIC HEALTH OFFICERS

JAMES C. SLEIGH, M.B., Ch.B., D.P.H.

Medical Officer of Health

DAVID J. GRAHAM, M.A.P.H.I., M.R.S.H.

Senior Public Health Inspector, Cleansing Superintendent

W. A. BEERE, M.A.P.H.I., M.R.S.H.

Additional Public Health Inspector

J. W. KENDALL, M.A.P.H.I.

Additional Public Health Inspector—Resigned 30.10.60

W. S. BIGGINS, M.A.P.H.I.

Additional Public Health Inspector—Appointed 1.11.60

A. G. PAINE

Chief Clerk

MISS M. MORRIS

Shorthand-Typist/Clerk—Resigned 31.12.59

MRS. D. DAY

Shorthand-Typist/Clerk—Commenced 19.9.60

Health Department,
15 Hatfield Road,
St. Albans.

*To the Mayor, Aldermen and Councillors of the City of St. Albans
and the Chairman and Councillors of the St. Albans Rural
District Council.*

MR. MAYOR, MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present my report on the health of the City of St. Albans and the St. Albans Rural District for 1960. As this will be the last opportunity I shall have of presenting, at any rate, a full report, I have added some comments, under the various headings, in regard to 1961 up to the 1st August.

I have now been a Medical Officer of Health for 30 years, in various parts of the country, and I feel very definitely that the time has come for a review of the Services provided under the Health Authority both at Government level and Local Government level. Some Services were started, and started for very good reasons, but these reasons have to a large extent disappeared and I would suggest that the time has come for a very careful re-appraisal of what Services are necessary and also what new Services should be provided. There is not an unlimited amount of money, or personnel, available for the Health Service and it would appear to be essential that this limited money and personnel should be used to the best advantage.

The shortage of personnel is particularly marked in the Nursing Services, especially midwives. Nurses can now obtain many other posts involving more or less fixed hours and easier conditions of work, e.g. factory nurses. Whether these are more essential than domiciliary nursing and especially midwifery, must be open to question. Midwives are having a very difficult time just now; the birth rate has gone up but the supply of midwives has not increased and they are all very hard pressed both in hospital and in the district.

In considering this question I would suggest that the Council should consider—"Would you provide such and such a Service, which is in existence now, if it was not in existence?" That is, is this particular Service essential? It is often very much easier to start a Service than to stop it; to stop any Service will certainly be opposed by at least some interested parties, but the Services cannot increase indefinitely without some pruning of redundancy, accord-

ing to the change of circumstances which has occurred during the last 30 years.

The treatment of maternity cases in hospital is causing very considerable worry. Ideally confinement is not a disease and should be dealt with in the patient's home. In the old days, before the invention of penicillin, there was undoubtedly considerably increased risk of puerperal fever in hospitals, then with the invention of penicillin, this practically ceased. Unfortunately Nature has a habit of hitting back. Penicillin and the other anti-biotics do hit most of the germs which cause puerperal fever but unfortunately it does not hit them all and, with the marked use of anti-biotics in hospitals, the remaining comparatively few germs have increased very markedly and these are unaffected by anti-biotics. We have now come to the stage when infection in hospital is causing us very serious worry and though not nearly so bad as it was before the penicillin era, there can be no reasonable doubt that where the home conditions are good and there are no medical reasons for hospital delivery, it is much better for the patient to have her baby at home.

There has been a considerable difficulty in dealing with caravans on unlicensed sites, in particular on Colney Heath Common. The legal position is very involved and it is by no means clear what powers the Council have in dealing with this. Caravanners may be divided into two main classes: (1) Genuine gypsies, who on the whole have proved to be very co-operative and quite willing to pay a reasonable site fee for their caravans, provided water and sewerage is made available. (2) The others: who vary tremendously from, what one might call the travelling holiday caravan, who are usually quite co-operative, to the vagrant, collecting anything they can lay their hands on for sale, such as scrap metal. These have proved to be very difficult. Their ideas of sanitation are crude in the extreme, and they are very inclined to use any convenient bush or stream for toilet purposes. This can give rise to a very serious Public Health problem, affecting not only those living in the caravans but, because of the danger of fly-borne disease, the immediate neighbourhood. I believe that the only satisfactory method of dealing with this problem is for properly laid-out sites, complete with water and some form of sewage disposal, be placed by the County Council, not the local District Councils, at such points as would appear to be necessary. Practically speaking, all local councils are inclined to the view that these people should be pushed out of their territory, but this does not solve the problem for the County or the country as a whole. If the County will undertake this, by no means easy task, local District Councils must be prepared to accept such caravan sites in their area, as the County Council may decide.

The general health of the district remained good and was remarkably free from epidemic disease, but in the early part of 1961 a very heavy, but mild, epidemic of measles took place, as was expected on the two year cycle.

To you, Mr. Mayor, Mr. Chairman, Ladies and Gentlemen, I wish to record my sincere thanks for the consideration and help you have at all times shown to me, and to my staff I wish to record my sincere thanks for their able and conscientious performance of their duties.

I am also deeply indebted to the chief clerk, secretary and staff in the Divisional Health Office for their assistance in preparation of the statistics for this report, and for the many extra duties carried out by them during the year, which were actually outside their Divisional Health Office duties.

I have the honour to be,

Your obedient servant,

J. C. SLEIGH,

Medical Officer of Health.

Section A

STATISTICS AND SOCIAL CONDITIONS OF THE AREA

						St. Albans City	St. Albans R.D.C.
Registrar General's estimate of resident population						49,180	37,090
Area (in acres)						5,129	32,084
Number of inhabited houses on the Rate Books—							
Dwelling Houses						15,099	9,422
Shops with living accommodation						311	87
Licensed Premises with living accommodation						75	59
TOTAL ...						15,485	9,568
Rateable Value						£949,380	£491,318

Extracts from Vital Statistics

			St. Albans City			St. Albans R.D.C.		
			M.	F.	Total	M.	F.	Total
Live Births—								
Legitimate	...	...	469	433	902	318	308	626
Illegitimate	...	...	24	25	49	12	16	28
Birth Rate per 1,000 of the estimated population .					19.34			17.63
Stillbirths	...	...	9	8	17	5	6	11
Deaths	...	...	260	273	533	229	232	461
Death Rate per 1,000 of the estimated resident population ...					10.84			12.43

Birth and Death Rates

Obviously the birth rate in any community will be affected by the percentage of women of child-bearing age and marital status in that community, compared with the average of the country as a whole.

Especially or even more so, a community with a high proportion of elderly people must have a higher death rate than one with few old people and many young ones.

In order to make comparisons between the rates in different areas and the country as a whole, the Registrar General has supplied “Comparability Factors” to be applied to these two rates so that comparisons can be made.

Applying these two factors to the City and R.D.C. gives the following results: —

		Crude Birth Rate	Comparable Birth Rate	Crude Death Rate	Comparable Death Rate
City	...	19.34	18.57	10.84	10.95
R.D.C.	...	17.63	18.34	12.43	8.58

Deaths from Pregnancy, Child Birth, Abortion

St. Albans City			St. Albans R.D.C.			
Deaths	Rate per 1,000 (Total-live and Stillbirths)		Deaths	Rate per 1,000 (Total live and Stillbirths)		
—	—		—	—		
Deaths of Infants under one year of age						
			St. Albans City		St. Albans R.D.C.	
			M	F	Total	M. F. Total
Legitimate	5	8	13	9 6 15
Illegitimate	—	—	—	— — —
Death Rate of Infants under 1 year of age.						
All infants per 1,000 live births	13.67			22.94
Combined Rate	17.45			
Neonatal Death Rate	...		11.57			9.17

The following table gives the Death, Birth and Infant Mortality Rates since 1947:—

Year	DEATH RATE		BIRTH RATE		INFANT MORTALITY RATE	
	St. Albans City	St. Albans R.D.C.	St. Albans City	St. Albans R.D.C.	St. Albans City	St. Albans R.D.C.
1947	12.6	9.2	17.9	16.5	33.0	54.0
1948	10.2	6.98	17.2	14.54	19.2	18.1
1949	11.5	8.2	18.2	14.8	13.1	22.2
1950	11.3	7.7	16.3	13.2	33.3	22.5
1951	12.0	7.7	16.4	13.3	27.6	29.1
1952	10.6	6.8	16.5	12.8	27.1	8.1
1953	11.52	18.05	15.60	14.46	29.87	28.64
1954	10.83	17.74	15.43	14.48	18.54	16.59
1955	10.32	19.10	15.93	15.16	15.23	15.28
1956	10.99	19.31	16.31	14.43	15.77	19.78
1957	10.87	16.00	15.48	15.31	15.03	17.79
1958	10.51	13.63	16.90	17.29	22.25	18.46
1959	11.45	12.08	17.62	17.76	16.34	23.51
1960	10.84	12.43	19.34	17.63	13.67	22.94
1902	10.9		21.4		67.4	
1901	13.0		21.6		135.4	

Causes of Death

	St. Albans City		St. Albans R.D.C.		
	M.	F.	M.	F.	
1. Tuberculosis, respiratory	—	1	1	—	
2. Tuberculosis, other	—	—	—	—	
3. Syphilitic disease	1	—	1	—	
4. Diphtheria	—	—	—	—	
5. Whooping Cough	—	—	—	—	
6. Meningococcal infections	—	—	—	—	
7. Acute Poliomyelitis	—	—	—	—	
8. Measles	—	—	—	—	
9. Other infective and parasitic diseases	—	—	—	2	
10. Malignant neoplasm, stomach .	5	3	9	1	Cancer 168
11. Malignant neoplasm, lung, bronchus	24	4	13	1	
12. Malignant neoplasm, breast ...	—	10	—	4	
13. Malignant neoplasm, uterus ...	—	3	—	2	
14. Other malignant and lymphatic neoplasms	20	27	22	12	
15. Leukaemia, alukaemia	—	2	5	1	
16. Diabetes	2	3	2	1	
17. Vascular lesions of nervous sys- tem	37	61	16	34	
18. Coronary disease, angina	49	31	37	26	Heart Disease 300
19. Hypertension	3	11	3	6	
20. Other heart disease	25	41	25	43	
21. Other circulatory disease	12	9	8	23	
22. Influenza	1	—	—	1	
23. Pneumonia	15	8	27	34	
24. Bronchitis	19	16	9	6	
25. Other diseases of respiratory system	—	1	5	1	
26. Ulcer of stomach and duodenum	5	1	—	1	
27. Gastritis and enteritis, diarrhoea	1	1	—	1	
28. Nephritis and nephrosis	3	1	4	—	
29. Hyperplasia of prostate	7	—	5	—	
30. Pregnancy, childbirth and abor- tion	—	—	—	—	
31. Congenital malformations	3	1	3	4	
32. Other defined and ill-defined diseases	13	28	20	21	
33. Motor vehicle accidents	6	—	8	1	
34. All other accidents	6	7	5	5	
35. Suicide	3	3	1	1	
36. Homicide and operations of war	—	—	—	—	
TOTALS ...	260	273	229	232	994

Once again, the greatest single cause of death was, excluding heart disease, cancer. “Heart Disease” was chiefly a normal termination of life in old age—something which is inevitable, and most of the 300 cases would be more reasonably classified as “Old Age”.

There has been considerable agitation for further propaganda and education in regard to Cancer, especially trying to get people to come early. Unfortunately we are not yet in a position to say that even the earliest case of Cancer can be cured and personally I am not keen on propaganda which is not entirely truthful. If we could say that "If you will come up early we will cure you", I should be all in favour of carrying out this propaganda, but unfortunately this is not the case.

Vital Statistics, 1960 — England and Wales

Provisional figures based on Quarterly Returns of Registrar General.

BIRTHS

Live Births (per 1,000 total population)	...	...	...	17.1
Stillbirths (per 1,000 total live and stillbirths)	...	...	...	19.7

DEATHS

All Causes (per 1,000 total population)	...	...	...	11.5
Infants under 1 year (per 1,000 related live births)	...	...	...	21.7
Maternal Mortality (per 1,000 total live and stillbirths)	...	...	...	0.39
Neonatal Death Rate (per 1,000 related live births)	...	...	...	15.6

This table is included to enable comparisons to be made between local rates and national rates, but in dealing with the relatively low numbers from which local rates are calculated, one must be very cautious about drawing conclusions.

Number of Deaths and Death Rate from Tuberculosis and Cancer, 1960

The provisional numbers of deaths and death rate per million population for England and Wales during the year 1960 are as follows:—

		NUMBER			RATE		
		Males	Females	Persons	Males	Females	Persons
Respiratory Tuberculosis		2,332	762	3,094	106	32	68
Other Tuberculosis	...	160	172	332	7	7	7
Cancer of lung and bronchus	...	18,876	3,116	21,992	855	132	481
Other cancer	...	33,882	42,817	76,699	1,535	1,808	1,676

Average Age at Death

		Harpenden U.D.C.		St. Albans M.B.		St. Albans R.D.		St. Albans Health Division (Excluding Elstree R.D.)	
		M.	F.	M.	F.	M.	F.	M.	F.
All Deaths									
1953	69.05	68.10	63.41	69.09	62.89	70.05	63.95	69.39	
1960	64.66	71.21	67.24	71.32	62.86	70.90	65.08	71.14	

Excluding deaths of infants under 1 year of age

1953	72.73	69.92	66.58	71.39	64.74	71.40	66.62	71.20
1960	69.06	74.95	68.59	73.52	65.44	72.71	67.42	73.38

ANALYSIS OF INFANT MORTALITY

(Combined figures for two authorities)

Cause of Death	AGE AT DEATH									
	Under 1 week	1 and under 2 weeks	2 and under 3 weeks	3 and under 4 weeks	Total under 1 month	1 and under 3 months	3 and under 6 months	6 and under 9 months	9 and under 12 months	Total under 1 year
Prematurity	4		1		5					5
Gastro Enteritis										
Pneumonia							1			1
Congenital Malformations	7	2			9	1	1	2	2	15
Infection							1		1	2
T.B										
Whooping Cough										
Difficult Labour	2				2					2
Other Causes	1				1	2				3
All Causes	14	2	1		17	3	3	2	3	28

It will be noticed that of the 28 deaths under one year of age, 15 were due to congenital conditions, 14 of them living less than one week. Several of the 15 lived only a matter of minutes. Some 30 years ago the chief cause of death under one was marasmus but over the last few years this has ceased.

Section B**GENERAL PROVISIONS OF THE HEALTH SERVICES
FOR THE AREA****Welfare Centres and Clinics****Bricket Wood—The Scout Hut, Black Boy Wood**

Infant Welfare ... 2nd and 4th Tuesdays 2-4 p.m.

Colney Heath—The Pavilion

Infant Welfare ... 1st and 3rd Tuesdays, 2.30-4 p.m.

Minor Ailments treated in children's own homes or at local school.

Harpenden—Memorial Hospital (Harpenden 3696)

Ante-Natal ... Mondays, 2-4 p.m.

Orthopaedic ... Saturdays, a.m. (Surgeon attends once monthly.)

40 Luton Road (Harpenden 40)

Ophthalmic ... Mondays, 10 a.m.-12 noon.

(By appointment.)

Minor Ailments ... 2nd Wednesday in month 9 a.m.-12 noon

(Dr. attends).

Speech Therapy ... Tuesdays, 9.30-12 noon; 2-4 p.m.

(By appointment.)

Infant Welfare ... 1st and 3rd Wednesdays, 1.45-4.30 p.m.

Dental ... Tuesdays, 10.30 a.m.-12 noon.

Thursdays 10.30 a.m.-12 noon; 2-4 p.m.

Fridays, 10.30 a.m.-12 noon; 2-4 p.m.

(By appointment.)

Batford J.M.I. School, Pickford Hill

Infant Welfare ... 2nd and 4th Wednesdays, 1.45-4.30 p.m.

London Colney—Primary School, Alexander Road

Speech Therapy ... Mondays and Wednesdays, 9.30 a.m.-12 noon.

Minor Ailments ... Fridays, 9.30 a.m.-12 noon.

(Dr. attends 2nd and 4th.)

Infant Welfare ... Thursdays, 1.45-4.30 p.m.

(Dr. attends 1st and 3rd.)

Redbourn—Congregational Hall

Infant Welfare ... 2nd and 4th Tuesdays, 2.30-4.30 p.m.

Minor Ailments treated 8.15-8.30 a.m. and 6.15-6.45 p.m. at nurse's residence, 18 Bettespool Meadows (Redbourn 251).

St. Albans—Village Hall, Park Street

Infant Welfare ... 2nd and 4th Mondays, 1.30-4 p.m.

Mandeville J.M.I. School

Infant Welfare ... 1st and 3rd Thursdays, 2-4 p.m.

Margaret Wix Health Annexe—High Oaks (St. Albans 56994)

Infant Welfare ... Wednesdays, 1.30-4 p.m.

(Dr. attends 1st and 3rd.)

Speech Therapy ... Wednesdays, 9.30 a.m.-12.30 p.m.

Dental ... Monday a.m. and p.m. (weekly).*

Friday a.m. and p.m. (weekly).*

*By appointment.

Wellington Court, Bricket Road (St. Albans 50421/2)

Immunisation and Minor Ailments			Mondays, 9 a.m.-12 noon. (Dr. attends 9.30 a.m.)
Dental	...	...	Monday, Tuesday, Wednesday, Thursday and Friday, 9.30 a.m.-12.30 p.m. Saturdays, 9.30 a.m.-12 noon (alternate). Monday, Tuesday, Wednesday, Thursday and Friday, 2-5 p.m.
Orthoptic	...	...	Thursday and Friday, 9 a.m.-12 noon; 2-4.30 p.m.
Ophthalmic	...	...	Tuesday and Friday, 10 a.m.-12 noon.
Speech	...	...	Monday, Wednesday and Thursday, 9.30 a.m.- 12.30 p.m. Monday, Wednesday and Thursday, 1.30-4.30 p.m.
Ante-Natal	...	...	Wednesday, 2-4 p.m.
Infant Welfare	...	...	Tuesday and Friday, 1.30-4 p.m. (Dr. attends Friday.) Foods issued Tuesday and Friday.

Bricket House, Bricket Road (St. Albans 55431)

Orthopaedic	...		Monday, Wednesday, Friday, all day. Surgeon attends 3rd Wednesday and 2nd Friday, p.m.
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Osterhills Hospital, Normandy Road (St. Albans 52211)

V.D. (Women)	...		Tuesday, 5-7 p.m.; Friday, 2-4 p.m.
V.D. (Men)	...		Tuesday, 5-7 p.m.; Friday, 10 a.m.-12 noon.
Post-Natal	...	...	Wednesday, 11 a.m.
Chest Clinic	...		Tuesday, 10.30 a.m. (children). Monday, 2 p.m. (St. Albans patients).

Hill End Hospital (St. Albans 55555)

Child Guidance	...		Mondays to Fridays a.m. and p.m.
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Sandridge—The Parish Hall

Infant Weighing	...		2nd and 4th Tuesdays, 2.30-3.30 p.m.
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Shenley

Minor Ailments treated at school.

Wheathampstead—Mead Hall, East Lane

Infant Welfare	...		2nd and 4th Fridays, 2.30-4 p.m. (Dr. attends 3 p.m.)
Minor Ailments treated	8.30-9 a.m.	at nurse's residence, 5 Brewhouse Hill (Wheathampstead 3123).	

The original plan for the provision of Health Centres in and near the City is approaching fruition. The new Health Centre at Mandeville school should be opened about Christmas, 1961, Skyswood about Easter, 1962, and Cunningham Hill about July, 1962. This will give, along with the new Health Centre to be built as part of the new Civic Centre, a very good cover for the County Health Services in the City and its immediate surroundings.

It is difficult to estimate, especially with the freeze in expenditure, when the Civic Centre clinic will be opened but I hope within two or three years. When the new clinic is built Wellington Court will be demolished and on the site thereof will be erected a new Day Nursery. This is certainly the most suitable site that could possibly be found for a Day Nursery and will at last solve the problem of dispensing with the present Day Nursery at Fleetville. I would like to record my thanks to the City Council for their consideration in allowing us to continue the use of Fleetville for so long.

National Health Service Act

The Divisional Administration of the Health Services administered by the Local Health Authority, the County Council, continues to work very smoothly and an increasing amount of detailed administration is being passed out to Divisional Health Offices from Hertford.

The records available in the Divisional Health Office on Local Health Authority work are of the greatest value to me in my Local Sanitary Authority (Medical Officer of Health) work, especially in what is my most difficult job, assessing medical points for housing applications.

Every ambulance journey exceeding 50 miles outwards has to be sanctioned by me as Divisional Medical Officer, and I can assure you that the case is investigated very carefully indeed before consent is given.

Ambulance Service

I am grateful to Divisional Officer Gunnett for the following report:—

During the year 1960 the directly provided Ambulance Services at St. Albans and Harpenden carried 29,568 patients and covered 163,691 miles but their area of responsibility includes not only the City and greater part of the rural District but some part of the Hemel Hempstead Rural District (The Markyate area). The Hospital Car Service were also employed, being very useful and helpful in relieving the Brigade of many runs to London Hospitals.

The work of converting the Ambulances and sitting vehicles from petrol to diesel propulsion has progressed during the year, showing a great saving on fuel consumption. One new Ambulance, designed for diesel fuel has been delivered. As Daimler no longer make ambulances the Brigade is experimenting with a Dennis dual-purpose model which can act as an emergency appliance for recumbent patients but may be quickly adapted to a 10-seater sitting vehicle. So far this experiment is working well.

Hospitals

I am indebted to Mr. E. J. Burgess, Secretary, Mid-Herts Group Hospital Management Committee, for the following information:—

The allocation of beds is as follows:

	St. Albans City Hospital					
Surgical	60
Medical	83
Orthopaedic	44
Paediatric	40
Geriatric	78
Maternity	23
Gynaecological	26
Recovery Ward	12
Infectious Diseases	18
Private Wing—						
Section 5 Beds	4
Section 4 Beds	6
					Total	394
In-patient Discharges		7,282
Total Out-patient Attendances		48,325
Casualty	22,313
X-Ray Department Total Units	56,896
Physiotherapy Attendances	31,660

School Medical Service

This service continues to work very smoothly, due largely to the help and co-operation received from Head Teachers. I have been very impressed by the interest taken by parents and in about 75% of the examinations, one of the parents has been present.

The innovation of calling parents up when their children are re-examined following a defect found at a previous examination has proved to be very valuable and is, I believe, thoroughly appreciated by the parents. The attendance of parents at such examinations is very good indeed. It was considered that this might overload the School Medical Officers, in that it would possibly take more time to deal with each individual case, but in practice we find

that by calling the parents we do not have to call the children so often, and this fully balances the apparent disadvantage.

Medical inspections in schools undoubtedly cause considerable interruption in the normal life of the school and I would like to record my sincere thanks to Head Teachers for their co-operation in this. In two schools in the area, one in Boreham Wood and one in St. Albans, we tried the experiment of holding the medical inspections just before the opening of the schools after Christmas and after Easter, to try and obviate disturbance to the school routine. We were rather worried as to whether attendances would be satisfactory if we did the school medical examinations before the opening of the school, but found that the attendances were just about the same as if we had done them during the school term; there are always some absentees, due to sickness, etc., but the percentage was not noticeably increased.

Milk and Meals in Schools

These are of a very high standard and a well worth while investment. Washing facilities appear adequate in most cases and food preparation rooms and kitchens clean, though space is often limited.

Health Visiting

There are 21 health visitors in the St. Albans Division of Hertfordshire. They are employed for the visiting of persons in their homes for the purpose of giving advice as to the care of young children, old persons, persons suffering from illness, and expectant or nursing mothers, and as to the measures necessary to prevent the spread of infection.

Nursing Homes and Old People's Homes

There are four Registered Nursing Homes in this area, and nine Registered Old People's Homes. All are regularly inspected.

Section C

SANITARY CIRCUMSTANCES OF THE AREA

Water Supplies

See Public Health Inspector's Report.

Drainage and Sewerage

See Public Health Inspector's Report.

Swimming Baths

The public swimming baths in the area—one in the City and two in the Rural District—have at all times been well maintained. Continuous filtration and chlorination is carried out at all three and the bacteriological results, which are checked frequently throughout the summer have proved very satisfactory.

Public Baths

These have been going now for over ten years and undoubtedly provide a much-needed service. I have always emphasised that this service is a Public Health service and cannot be expected to be financially self-supporting, but the increasing numbers using the baths suggest that the gap between income and expenditure will decrease, but it will, I am sure, never close. To put up the charges would, I feel sure, increase not decrease the gap.

Mortuary

The following bodies were removed to the mortuary:

Adult—Males	...	...	...	...	...	74
Females	...	...	...	...	...	32
Children—Males	...	...	...	...	...	4
Females	...	...	...	...	...	2
Number of Post Mortems	...	...	...	...	...	104

Agreement in principle has been arrived at with the Management Committee of St. Albans Hospital, that when the new Civic Centre gets so far as to require the demolition of the present mortuary, the Hospital will provide mortuary facilities not only for their patients but for the district as well. A contribution towards the cost will be made by the Council.

General Nutrition

Poor nutrition is rare and often is the result of fussing parents indulging in food fads. Underweight children often are of small birth weight, or have small parents.

Nursing in the Home

The District Nursing Sisters are available for all cases of domiciliary nursing, which includes Midwifery and General Nursing and in all cases where there is illness in the home and where a request is made personally or at the request of the doctor in attendance.

Home Help Service

This service is administered by the Herts County Council and provides domestic help for households where such help is required owing to the presence of any person who is ill, lying-in, an expectant mother, mentally defective, aged, or a child not over school age within the meaning of the Education Act 1944.

The Organiser, who is a member of the Divisional Health Office staff, receives requests from doctors, health visitors, midwives, hospital almoners and welfare organisations, but these requests must be backed up by a medical or a nurse's certificate. No one is denied help on financial grounds and every case can be assessed according to the family income.

The service is proving extremely popular. So much so, in fact, that we are unable to provide all the home help that is desired because we cannot get sufficient numbers of Home Helps. This is particularly difficult in the period Christmas—Easter when, of course, illness is at its height and one must remember that illness affects Home Helps as well as other members of the community.

Section D

HOUSING

Rehousing is still the greatest problem confronting the two Councils. Both use a points scheme, and in addition all certificates from medical practitioners requesting priority for any of their patients are submitted to me as Medical Officer of Health. I have the power to allocate additional points on medical grounds without disclosing my reason for doing so. In extreme cases I also have the power of giving absolute priority, but this power I am very unwilling to use as, of course, if this power were abused it would ruin the whole points scheme, with which I am completely in favour.

The duty thus imposed on me is a very difficult one, and I have no doubt that on occasions I shall make mistakes, but I can assure both Councils that I shall do my utmost to make their housing scheme work as fairly as is humanly possible, bearing in mind the very large and urgent demand for houses.

Points are allotted independently of me for such conditions as overcrowding. I therefore never give points for conditions which already attract points under the Housing points scheme

Section E**INSPECTION AND SUPERVISION OF FOOD****Food Poisoning Outbreaks**

The following food poisoning outbreaks and isolated cases were reported:—

ST. ALBANS CITY	ST. ALBANS R.D.C.
1 Single case (Typhi-Murium)	1 Single case (Butantan)
2 Single cases (Untyped)	

Section F**PREVALENCE OF AND CONTROL OVER
INFECTIOUS AND OTHER DISEASES****Notifiable Diseases (other than Tuberculosis) during 1960**

	St. Albans City		St. Albans R.D.C.	
	Notified	Deaths	Notified	Deaths
Scarlet Fever	18	—	35	—
Whooping Cough	87	—	35	—
Measles	85	—	93	—
Pneumonia	13	—	—	—
Erysipelas	1	—	5	—
Food Poisoning	3	—	1	—
Infective Hepatitis	8	—	2	—
Puerperal Pyrexia	4	—	—	—
Meningococcal Infection ...	—	—	—	—
Poliomyelitis (Paralytic) ...	—	—	1	—
Poliomyelitis (Non Paralytic)	—	—	—	—
Dysentery	31	—	25	—
Acute Encephalitis	—	—	—	—
Ophthalmia Neonatorum ...	1	—	—	—

Poliomyelitis

There was one case of poliomyelitis, paralytic. The infection, undoubtedly in this case, arose outside the area as the case had just moved in from abroad.

Poliomyelitis vaccination is now available to all up to the age of 40 and the response to open sessions has been very good, embarrassingly so on one occasion when 650 turned up on a Saturday morning.

Research is going on all over the world on two different lines: (1) To produce a combined vaccine (diphtheria, whooping cough, tetanus and poliomyelitis). The difficulty I foresee in this is that whooping cough vaccination should be done very early, about two to three months, whereas poliomyelitis vaccination is not effective under the age of seven months. (2) A living virus but attenuated so that it is harmless, has been extensively used in America, Russia

and, under close control, in this country. So far the difficulty, in this country at any rate, has been that although the virus is harmless to the person it is given to, sometimes it becomes virulent on passing through that person and can give rise to cases of definite poliomyelitis in others, but this difficulty appears to be on the way to solution. One possible advantage in vaccination by this form is that it is given by mouth and not with a syringe.

The principle of living, non-virulent vaccines is very old, vaccination against smallpox is one, but of course it is absolutely necessary to be sure that there is no risk of provoking the real disease.

Winter Sickness

Winter sickness continued off and on during the year. A considerable outbreak occurred on the children going back to school or entering school for the first time in September. It was by no means confined to the old type of school such as Bernards Heath, but was very marked at Windermere and Margaret Wix Infant.

Swabbing results of nose and throat were the same as reported in my last report, that is where the swabs were taken within 48 hours of the onset of sickness, the nose swabs were positive for staphylococcus. We therefore arranged that all children in two classes of one school would be swabbed in the first day or two of the Spring Term, 1961. We would then compare the swabs with cases of winter sickness which developed within the first few weeks. Unfortunately, or possibly fortunately according to the point of view, there were no cases of winter sickness in January, 1961, so this experiment proved to be of no avail. However, in early May of 1961 a few cases occurred in Bernards Heath school and we were able to get swabs from them and, with the very kind co-operation of the parents, samples of blood and faeces for examination for virus. Blood and swabs of faeces have proved to be negative for virus but the numbers involved were very small.

On the whole, therefore, I am still inclined to the view that the most probable cause of winter sickness is infection by some group of staphylococci, though this of course cannot be considered in any way proved yet. In order to clarify the position a little I append a statement of the symptoms which we consider to be diagnostic of winter sickness.

1. Lethargy and/or irritability for a day or two days before:
2. Feeling of chilliness immediately preceding and during:
3. Sudden vomiting and/or diarrhoea. Happens at night in $\frac{2}{3}$ of cases.
4. During whole period a silvery pallor (yellowish behind ears and sometimes over temples) is most noticeable.

5. Pains in stomach and/or abdomen precede, accompany and often follow the attack of vomiting/diarrhoea. Distension of stomach area and abdomen is noticeable in most cases. Much "wind".
6. Yellow motions, dark urine* noted in most cases.
*Difficult to check with older children.
7. Phlegm and colourless slime is typically brought up in vomiting. Sometimes noted in motions.
8. Lethargy and irritability continue for as long as a month after attack in some cases.
9. Repeat attack (if at all) within 21 days.

Tuberculosis

CASES ON REGISTER AT 31st DECEMBER, 1960

	PULMONARY		NON-PULMONARY		Total
	Male	Female	Male	Female	
St. Albans City ...	244 (229)	141 (133)	16 (19)	18 (18)	419 (399)
St. Albans R.D. ...	164 (162)	126 (127)	11 (11)	15 (16)	316 (316)
TOTALS ...	408 (391)	267 (260)	27 (30)	33 (34)	735 (715)

Figures at 31.12.59 are in brackets.

The increases are, I believe, due to more intensive search for cases, e.g., Mass Radiography, and the better co-operation of other Local Authorities in notifying to us their cases moving into our district. I do not think the disease is, in fact, increasing.

Smallpox

There were no cases during 1960.

Vaccination

The following figures obtained from the Divisional Health Office relate to the St. Albans Division, which comprises St. Albans City, St. Albans R.D.C., Harpenden U.D.C. and Elstree R.D.C.

NUMBER OF PERSONS VACCINATED (OR RE-VACCINATED) DURING 1960

	Ages at 31st December					Total
	Under 1	1	2-4	5-14	15 and over	
Number vaccinated ...	1,642	81	44	50	56	1,873
Number re-vaccinated ...	—	—	6	25	124	155
Number of cases specially reported during period (age groups as above) ...	...	...	...	...	...	Nil
Number of births registered for the St. Albans Division ...	...	...	...	...	...	2,461
Primary vaccination rate per 100 births ...	...	...	...	...	...	76.13

Of the total number of primary vaccinations (1,873), 808 were done at County Council Clinics.

The primary vaccination rate of 76.1 per 100 births is down on last year (81.4).

I strongly advocate vaccination before the age of 1 year when the risks involved are negligible. Many people in later life find

they must be vaccinated either to travel abroad or take up some employment where vaccination is insisted upon. The risks in vaccination in later years are much greater, except when the primary vaccination has been done in infancy.

The great increase in air travel has also increased the risk of smallpox being brought into the country, as a case may be infected in, say, Egypt or India, and be here before the onset of the disease, whereas previously, by surface transport, the time involved in the journey ensured that the disease became apparent before landing in the United Kingdom.

Diphtheria

There were no cases reported in 1960.

Immunisation against Diphtheria

The following figures obtained from the Divisional Health Office relate to the St. Albans Division, which comprises St. Albans City, St. Albans R.D.C., Harpenden U.D.C. and Elstree R.D.C.

Number of children who completed a full course for Primary Immunisation in the Authorities' Area (including temporary residents) in 1960:—

Total number of children who were given a secondary or re-inforcing injection (i.e., subsequent to a complete full course):—

Age at date of final injection:

Under 5	5-15	Total	
2,308	118	2,426	1538

Number of births registered for the same area	...	...	2,461
Primary immunisation rate per 100 births	...	...	98.58

The numbers shown above include 1,590 children who received primary combined Whooping Cough-Diphtheria immunisation injections and 460 children who received reinforcing combined injections.

Whooping Cough

The following figures obtained from the Divisional Health Office relate to the St. Albans Division, which comprises St. Albans City, St. Albans R.D.C., Harpenden U.D.C. and Elstree R.D.C.

Number of children who completed a full course of Primary Immunisation in the Authorities' Area (including temporary residents) in 1960:—

Age at date of final injection:

Under 5	5-15	Total
2,124	52	2,176

These figures include 1,590 children who received a primary immunisation with a combined Whooping Cough-Diphtheria vaccine.

Several cases of Whooping Cough have occurred in children who have been immunised, but all such cases have been very mild indeed. We do not claim that whooping cough immunisation prevents whooping cough to anything like the extent that diphtheria immunisation prevents diphtheria, but it will prevent altogether the disease in most cases and, in others, turn what is a very long, distressing and sometimes fatal disease into what could fairly be called a "Minor Ailment".

It is very pleasing to be able to report that the percentage of children immunised against whooping cough and diphtheria is so high. In fact they may be slightly higher in that Harpenden figures, for instance, show over a 100% of babies born were immunised. This is obviously impossible and arises in that the postal address of many children immunised in Harpenden is given as Harpenden, but who in fact reside outside Harpenden Urban District.

Programme of Protective Inoculations

The following programme of inoculations has been recommended:—

Age	Visit	Vaccine	Inj.	Interval
2-6 months	1	Triple	1	
	2	(diphtheria, tetanus,	2	4 weeks or more
	3	pertussis)	3	4 weeks or more
		Smallpox some time during the first 5 years		
7-10 months	4	Poliomyelitis	4	
	5		5	4 weeks or more
15-18 months	6	Triple (diphtheria, tetanus, pertussis)	6	
		Poliomyelitis*	7	Same visit
School entry	7	Diphtheria and tetanus	8	
8-9 years	8	Diphtheria and tetanus Smallpox (re-vaccination)	9	Same visit
10-15 years	9	B.C.G.	10	

* There is no doubt that a fourth dose of poliomyelitis vaccine will be necessary, but the exact timing of this dose has not yet been decided.

We are now using a combined vaccine giving protection against whooping cough, diphtheria and tetanus. Tetanus is a very, very rare disease but unfortunately it is almost essential for any doctor in hospital dealing with accident cases to give anti-tetanic serum (not vaccine, it takes too long to act) in all cases where there are wounds. Now if this patient has had other sera the giving of anti-tetanic serum can cause very serious trouble, in fact it has caused death due to Anaphylaxis. Now if the patient has been immunised against tetanus by vaccine it is definitely unnecessary to give anti-tetanic serum but it is most important, therefore, that all patients who have

had vaccination against tetanus should carry on them at all times, the card showing when this was done. The patient may not be conscious when he arrives in hospital and cannot tell the doctor that he is immunised against tetanus and in any case his history is not always reliable. It has even been seriously suggested, and there is something in it, that all patients who have received tetanus vaccination should have the letter T tattooed on the buttock.

Poliomyelitis Vaccine

The only contraindications considered to be valid at present are the same as those applying to the other types of immunising procedures, viz., acute or intercurrent illness, poor or indifferent general health, acute constitutional disturbance, etc. If a child is to have tonsils or adenoids removed and is also due for the vaccine, it should be given at least two weeks before the operation if possible, in the hope that the child may develop some immunity.

In April 1961, the Ministry of Health announced on the wireless and in the Daily Papers, that it was advisable for all children, aged from 5 to 11, to have a 4th injection of poliomyelitis vaccine. No prior intimation was sent out to Health Authorities and the first day after the Minister's announcement we received many enquiries regarding this and had no official knowledge of it. Personally, I did not happen to hear the B.B.C. announcement on the 6 o'clock news, nor did I see the announcement in the papers until the afternoon.

A vaccine is being developed which is taken by mouth and is apparently very effective. It has been used on a very large scale in the United States of America and Russia and to a limited extent in this country, but only so far where an epidemic of poliomyelitis has broken out. Work on this vaccine has been going on for several years but until recently we were doubtful whether the vaccine, after being swallowed, would not through passage through the host become virulent. Unlike the Salk vaccine it is a living vaccine but so attenuated that does not produce actual cases of poliomyelitis.

The possibility of being able to combine poliomyelitis vaccine with the present triple vaccine against diphtheria, whooping cough and tetanus is under careful consideration. The difficulty will probably be in timing; it is very essential that the whooping cough vaccine should be given as early as possible, best before the age of 3 months, but poliomyelitis vaccine is generally rather ineffective before the age of 6 months.

B.C.G. Vaccine

If this vaccine is to be—or has been—given to a young child contact, there should be no immunising injections within six weeks before or after the B.C.G. vaccine.

APPENDIX
FACTORIES ACTS, 1937 to 1959

**ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH
 IN RESPECT OF THE YEAR 1960
 FOR THE RURAL DISTRICT OF ST. ALBANS
 IN THE COUNTY OF HERTFORDSHIRE**

Prescribed Particulars on the Administration of the Factories Act, 1937

PART I OF THE ACT

1. INSPECTIONS for purposes of provisions as to health including inspections made by Public Health Inspectors):—

Premises	Number		Number of	
	on Register	Inspections	Written notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	6	1	1	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	60	26	3	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	3	—	—	—
TOTAL ...	69	27	4	—

2. Cases in which DEFECTS were found:—

(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more “cases”.)

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1)	—	—	—	—	—
Overcrowding (S.2) .	—	—	—	—	—
Unreasonable tem- perature (S.3) ...	—	—	—	—	—
Inadequate ventila- tion (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6) ...	—	—	—	—	—
Sanitary conveniences (S.7):					
(a) Insufficient ...	2	—	—	—	—
(b) Unsuitable or defective ...	1	1	—	—	—
(c) Not separate for sexes ...	—	—	—	—	—
Other offences against the Act (not in- cluding offences relating to Out- work)	—	—	—	—	—
TOTALS ...	3	1	—	—	—

PART VIII OF THE ACT

Outwork (Sections 110 and 111)

Nature of Work	Section 110			Section 111		
	Number of outworkers in August list required by Section 110 (1)(c)	Number of cases of default in sending lists to the Council	Number of prosecutions for failure to supply lists	Number of instances of work in unwholesome premises	Notices served	Prosecutions
Wearing apparel (Making, etc., Cleaning and Washing) ...	—	—	—	—	—	—
Household linen	—	—	—	—	—	—
Lace, lace curtains and nets ...	—	—	—	—	—	—
Curtains and furniture hangings	—	—	—	—	—	—
Furniture and upholstery ...	—	—	—	—	—	—
Electro-plate	—	—	—	—	—	—
File making	—	—	—	—	—	—
Brass and brass articles	—	—	—	—	—	—
Fur pulling	—	—	—	—	—	—
Iron and steel cables and chains	—	—	—	—	—	—
Iron and steel anchors and grapnels	—	—	—	—	—	—
Cart gear	—	—	—	—	—	—
Locks, latches and keys	—	—	—	—	—	—
Umbrellas, etc.	—	—	—	—	—	—

REPORT OF THE SENIOR PUBLIC HEALTH INSPECTOR

Council Offices,
43 Upper Lattimore Road,
St. Albans.
April, 1961.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have much pleasure in presenting my report for the year 1960.

WATER SUPPLIES

The water supplies of the area continued to receive close attention and a total of twenty samples were sent to the Public Health Service Laboratory at Luton for bacteriological examination.

All the dwelling houses in the district have a piped water supply with the exception of 187.

Of the 187 dwelling houses without a piped water supply 185 take their supplies from private bores or wells, but the remaining 2 have not, within a reasonable distance, a supply of wholesome water sufficient for the domestic purposes of the occupants. These 187 dwelling houses are located as follows:—

			<i>With Wells or Bores</i>	<i>No Supply</i>
Harpenden Rural	...	...	12	—
Redbourn	...	...	28	—
Wheathampstead	...	...	34	—
Sandridge	...	...	43	—
Colney Heath	...	...	21	—
London Colney	...	...	2	—
St. Stephen's	...	...	40	—
St. Michael's	...	...	5	2
			185	2

SWIMMING BATHS

There are two swimming baths not under the Council's management which are open to the public and in respect of which a charge is made for admission. Under an arrangement between the Education Authority and the Proprietors, they are used extensively by the schools. At each the system of continuous circulation and purification of the water is operated. Close supervision was exercised throughout the season, and a total of 70 samples of the waters were sent to the Public Health Laboratory at Luton for bacteriological examination.

SEWERAGE AND SEWAGE DISPOSAL

I am indebted to H. Wilkinson, Esq., F.R.I.C.S., M.I.Mu.E., M.R. San.I., the Council's Engineer and Surveyor, for the following note on sewerage and sewage disposal in the district:

The principal centres of population in the District are served by public sewers, of which there are approximately 52 miles, ranging in diameter from 6in. to 15in. The areas still lacking main drainage facilities are the more remote communities where the distance from existing sewers and/or the topography of the land renders the provision of a sewerage system more difficult.

A sewerage scheme has been prepared which will extend the public sewer to an outlying area, viz. Marshalls Heath, Mackerye End and Gustard Wood Common. This extension will serve 78 premises, connected with which there are 51 cesspools and 10 night soil pails. Some further housing development is expected to take place in the area so that the value of this sewer will be increased in the future.

Sewers in the parishes of Colney Heath, St. Stephen, Sandridge and Redbourn are connected to the West Hertfordshire Main Drainage Authority's sewers and the sewage thereby conveyed to the Authority's disposal works at Maple Cross. There are approximately 13 miles of the Authority's trunk sewers laid within the Rural District and a number of isolated properties situated adjacent to them have direct connections.

By agreement with the Harpenden Urban District Council, sewers in the parish of Harpenden Rural are connected to the Urban District Council's sewers.

The Council's disposal works at Wheathampstead receives the sewage from the parish of Wheathampstead. The quality of the effluent from this works has to be of an exceptionally high standard in order to comply with the stringent conditions imposed by the River Lee Conservancy Catchment Board.

A small maintenance gang which travels in a specially equipped van is engaged full time in cleansing sewers, and serious blockages are very rare since this gang came into being. The lengths of sewer most likely to become blocked are those adjacent to manholes into which the contents of cesspools are discharged, and these lengths receive special attention,

HOUSING

1. Number of representations made to the Local Authority with a view to the making of demolition or closing orders	...	...	...	...	...	28
2. Number of demolition or closing orders made:						
(a) Demolition orders	...	...	...	...	...	12
(b) Closing orders—						
Whole premises	...	...	...	...	...	8
Part premises	...	...	...	...	...	—
3. Number of houses demolished	...	...	...	...	...	10

COUNCIL HOUSES

Statistics prepared by Miss Sharpe, the Council's Housing Officer, are shown in Appendix I.

NUISANCES

Two hundred and twenty-one complaints of alleged nuisances were received and suitable action taken.

WASPS

The Council undertake the destruction of wasps' nests without charge. In the 1960 season a total of 152 nests were destroyed.

RODENT CONTROL

Statistics in respect of rodent control work for the year ended 31st December, 1960 are shown in Appendix II.

The Council operate a rat contract service in respect of agricultural and industrial premises. At the 31st December 1960 the number of current contracts was twenty-one and their total annual value was £189 0s. 8d.

REGISTRATIONS UNDER SECTION 16 OF THE FOOD AND DRUG ACT, 1955

Sixty-four premises are registered in connection with the manufacture and sale of ice-cream and preserved food, etc. Of these fifty-four are registered for the sale of ice cream and one is registered for both the manufacture and sale of ice cream.

From the figures in Appendix III of this report, it will be noted that the total number of food premises in the district is 203.

MILK

Under the Milk (Special Designation) (Raw Milk) Regulations, 1949 four dealers licences and eight supplementary licences were issued authorising the use of the Special Designation "Tuberculin Tested".

Under the Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949 seven dealers licences and seven supplementary licences were issued authorising the use of the Special Designation "Pasteurised" and eight dealers licences were issued authorising the use of the Special Designation "Sterilised".

Under the Milk (Special Designation) Regulations, 1960 the issuing of licences on and after 1st January 1961 for Designated Milks shall be the responsibility of the Food and Drugs Authority for the area.

WATERCRESS

There are two watercress beds in use in the district, namely, one in the Parish of Wheathampstead and one in the Parish of Redbourn. The growers concerned have made arrangements for the treatment of the cut cress before despatching to market.

MEAT INSPECTION

The slaughter of cattle, calves, sheep and pigs for human consumption is carried out at three licensed slaughterhouses and details of the total number of animals slaughtered thereat during the year and of the condemnations are given in Appendix IV. A one hundred per cent inspection was maintained throughout.

I am indebted to Mr. R. E. C. Goddard, Chief Public Health Inspector, City of St. Albans and his staff for co-operating in these duties.

The slaughter of horses for human consumption is carried out at a licensed slaughterhouse at London Colney.

PUBLIC CLEANSING

Public Cleansing is by direct labour. The work includes domestic refuse collection, trade refuse collection, the collection of bulky refuse of a domestic nature, the collection of nightsoil and the cleansing of cesspools.

Refuse Collection and Disposal

Refuse collection is carried out by four teams of collectors. Three of these operate with three 25-cubic yard Dennis Paxit Major Vehicles in the more built-up parts of the district and the remaining team, using a Dennis Barrier-Loading vehicle or a 10-cubic yard Side Loading Vehicle as circumstances allow, cover the more sparsely populated parts of the district.

Reserve vehicles are maintained to permit of regular servicing and to meet emergencies.

An incentive bonus scheme, first introduced on the 13th June, 1955, operated successfully throughout the year and has been a prime factor in holding the necessary labour force and has ensured that each vehicle has been employed with maximum effect. At the beginning of the year a collection was being made from 10,130 premises but owing to building development this had increased to 10,540 at the end of the year. In the case of 30 of the 10,540 premises the collections, by arrangement, were on a fortnightly basis; in the case of three large hospitals the collections were made twice-weekly, but in respect of all other premises a once-weekly collection was maintained. All refuse is disposed of in the controlled tips operated by Messrs. Inns & Co., at North Orbital Road, Colney Heath and at Moor Mill, Colney Street.

Collection of Trade Refuse

A scheme for the collection of trade refuse is operated. The main provisions of the scheme are as follows:—

1. A weekly collection of domestic refuse from trade premises shall be maintained but not more than one bin per collection shall be removed by the collector of domestic refuse.
2. A separate collection of trade refuse shall be made on the basis of a weekly collection or at such other required intervals as circumstances may suggest.
3. The trader shall place his trade refuse in bins or in compact units, each unit not to exceed the normal bin equivalent.
4. The charge shall be at the rate of 1/- per bin or bin equivalent.

A collection of trade refuse is made from 40 premises and the total number of bins or bin equivalents collected in the year ended 31st December, 1960 was 4,492.

Collection of Bulky Refuse

Frequently householders desire to dispense with old, bulky articles such as beds, mattresses, perambulators, tricycles, bicycles, etc., and experience considerable difficulty in disposing of them. The Council, upon request, make a special collection of such articles and no charge is made for the service. It is linked to the task of trade refuse collection and so it is normal for all requests for the service to be satisfied within a week of the request being received. It is a service which is much appreciated and it is believed also that it is making a very practical contribution towards the prevention of infringements of the Litter Act.

Nightsoil Collection

Nightsoil emptying equipment is fitted to one of our Dennis Cesspool Emptiers. The work of nightsoil collection is carried out during normal daylight working hours by one man who is paid a plus rate of 1/- per hour in respect of the hours engaged thereon. Pails are cleansed at 49 houses. This figure shows a reduction of 11 or 22.5 per cent compared with the figure at 31st December, 1959.

Cleansing of Cesspools and the Disposal of Cesspool Contents

As will be noted from the statistical Table in Appendix V the number of cesspools which were being cleansed by the Council at the 31st December, 1960 was 472 which shows a slight reduction from the number at 31st December, 1959.

The loads totalled 4,000 as follows:

ST. ALBANS RURAL DISTRICT:

From Cesspools cleansed on request	2,991 loads
From Cesspools cleansed at regular intervals	890 „
HARPENDEN URBAN DISTRICT ...	119 „
	<hr/>
	4,000 „
	<hr/>

With few exceptions cesspool contents are discharged into sewers.

I am,

Your obedient Servant,

DAVID J. GRAHAM,
Senior Public Health Inspector.

APPENDIX I

I am indebted to Miss C. I. Sharpe, the Council's Housing Officer, for the following

HOUSING STATISTICS

NUMBER OF PROPERTIES UNDER THE CONTROL OF THE COUNCIL AT 31st DECEMBER, 1960					ANALYSIS SHOWING HOUSING PROGRESS FROM JANUARY 1st TO DECEMBER 31st, 1960			
PARISH	Pre-war houses	Post-war houses	Acquired property	TOTAL	New houses completed in 1960	Number of properties vacated in 1960 other than by transfer	Number of families rehoused in 1960	
London Colney	100	476	2	578	56	14*	42	34
Redbourn	128	258	—	386	Nil	5	7	
St. Stephens	34	198	—	232	Nil	6	11	
Colney Heath	108	142	—	250	Nil	6	16	
Sandridge	54	130	—	184	Nil	3	6	
Wheathampstead	90	205	4	299	Nil	7	11	
St. Michaels	16	—	—	16	Nil	—	1	
Harpenden U.D.C.	—	14	—	14	Nil	—	—	
Harpenden Rural	—	—	—	—	Nil	—	3	
City Area	—	—	3	3	Nil	—	—	
TOTALS	530	1,423	9	1,962	56	41	97	

* This includes an acquired property, 195 High Street, London Colney.

RODENT CONTROL

Year ended 31st December, 1960

	Local Authority (1)	Dwelling Houses (2)	Agricultural (3)	All other (incl. business premises) (4)	TOTAL (5)
1. Total number of properties in Local Authority's district	4	10,205	211	269	10,689
2. Number of properties inspected by the Local Authority during the year ended 31st December, 1960 as a result of:—					
(a) Notification	—	254	—	17	271
(b) Survey under the Prevention of Damage by Pests Act, 1949 ...	4	34	117	43	198
(c) Otherwise, e.g. when visited primarily for some other purpose ...	—	200	—	70	270
3. Number of properties inspected (see Section 2) which were found to be infested by rats	2	214	22	24	262
4. Number of properties inspected (see Section 2) which were found to be infested by mice	—	27	—	5	32
5. Number of infested properties (see Section 3 and 4) treated by the Local Authority	2	241	20	18	281

APPENDIX III

SUMMARY OF FOOD PREMISES WITHIN THE DISTRICT

Type of Food Premises	London Colney	Colney Heath	St. Stephens	Wheat- hamp- stead	Red- bourn	Sand- ridge	St. Michaels	Harpen- den Rural	TOTAL
1. Grocery and Provision Stores ...	9	7	12	7	10	3	—	1	49
2. Grocery, Provisions and Butchers	—	—	—	—	—	1	—	—	1
3. Grocery, Provisions and Cafe ...	2	—	—	—	—	—	—	—	2
4. Butchers ...	1	1	2	1	3	—	—	—	8
5. Bakers' Shops ...	1	—	2	2	1	—	—	—	6
6. Bakeries ...	2	1	1	2	1	—	—	—	7
7. Sweets and Confectionery ...	1	1	2	3	3	—	—	—	10
8. Greengrocery and Fruiterers ...	2	1	3	2	3	—	—	—	11
9. Wet and Fried Fish ...	—	—	—	1	—	—	—	—	1
10. Cafes, including Clubs and Licensed Restaurants ...	3	—	3	3	2	1	3	—	15
11. Factory Canteens ...	2	—	1	2	2	1	—	—	8
12. Schools and Institutions ...	7	3	4	2	4	5	—	—	25
13. Hospitals and Nursing Homes ...	3	1	—	—	—	—	—	—	4
14. Food Factory ...	—	—	—	—	1	—	—	—	1
15. Licensed Houses ...	7	9	8	14	11	4	1	1	55
TOTALS ...	40	24	38	39	41	15	4	2	203

CARCASES AND OFFAL INSPECTED AND CONDEMNED
IN WHOLE OR IN PART FOR THE YEAR 1960

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed ...	1,836	161	427	3,732	10,448	26
Number Inspected ...	1,836	161	427	3,732	10,448	26
All diseases except Tuberculosis and Cysticerci						
Whole carcases condemned ...	3	1	2	7	12	—
Carcases of which some part or organ was condemned ...	220	20	1	42	692	6
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci ...	12.15	13.04	0.70	1.31	6.74	23.77
Tuberculosis only						
Whole carcases condemned ...	—	—	—	—	—	—
Carcases of which some part or organ was condemned ...	2	—	—	—	68	—
Percentage of the number inspected affected with tuberculosis ...	0.11	—	—	—	0.65	—
Cysticerosis						
Carcases of which some part or organ was condemned ...	9	—	—	—	—	—
Carcases submitted to treatment by refrigeration ...	9	—	—	—	—	—
Generalised and totally condemned ...	Nil	—	—	—	—	—

STATISTICS REGARDING CESSPOOLS IN THE DISTRICT
which were being cleansed by the Council at the 31st December, 1960

PARISH	Number cleansed on request	Number cleansed at regular intervals	Totals (the figures in brackets indicate the number at the 31st December, 1959)	Cesspools already included in column 4 but in respect of which a charge is made for all cleansing because they are within 100 feet of a sewer
St. Stephens	63	—	63 (67)	6
London Colney	5	—	5 (6)	1
St. Michaels	63	2	65 (64)	—
Sandridge	30	1	31 (28)	—
Redbourn	65	—	65 (69)	1
Harpenden Rural	24	—	24 (30)	—
Wheathampstead	172	3	175 (172)	—
Colney Heath	40	4	44 (43)	3
TOTALS ...	462	10	472 (479)	11

